

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010917

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 149

FILED APR 15 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>0 Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>Rich Fountain</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Marys' hospital</u>		d. STREET ADDRESS (If outside, give location) <u>R F D # 2</u>	
3. NAME OF DECEASED (Type or print) First <u>Joseph</u> Middle <u>Elias</u> Last <u>el Bockwinkle</u>		4. DATE OF DEATH Month <u>April</u> Day <u>4</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-16-1898</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer &amp; Stock Raiser</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
13a. FATHER'S NAME <u>Fred Bockwinkel</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Zeilmann</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>Mrs. Christine Bockwinkel. Linn, Mo. R # 2</u>		14. NAME OF HUSBAND OR WIFE <u>Christine Eisterhold</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute myocardial infarction</u> DUE TO (b) <u>Calcified aortic stenosis</u> DUE TO (c) <u>[REDACTED]</u>		INTERVAL BETWEEN ONSET AND DEATH <u>days</u> <u>year</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Constriction of Livers due to congestion</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>[REDACTED]</u> a.m. <u>[REDACTED]</u> p.m. <u>[REDACTED]</u> Month, Day, Year <u>[REDACTED]</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Rich Fountain, Mo.</u>	
21. I attended the deceased from <u>Dec 1962</u> to <u>4/4/63</u> and last saw him alive on <u>4/4/63</u> Death occurred at <u>10:30 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>4/6/63</u>	
22a. SIGNATURE (Degree or title) <u>Francis P. Meier M.D. Jeff. City, Mo.</u>		22b. ADDRESS <u>[REDACTED]</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-8-1963</u>	23c. NAME OF CEMETERY OR CREMATOR <u>Sacred Heart Cemetery</u>	23d. LOCATION (City, town, or county) <u>Rich Fountain, Mo.</u>
24. FUNERAL DIRECTOR <u>Mortons Service . Linn, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8 April 1963</u>	
26. REGISTRAR'S SIGNATURE <u>R. Richter, Dep.</u>		26. REGISTRAR'S SIGNATURE <u>[REDACTED]</u>	

(Licensed Embalmer's Statement on Reverse Side)

APR 17 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Vernon Morton*

Licensed Embalmer No. *4125*

P.O. Address *Linn Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.